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“Building on Success: A National Strategy to Save Lives”

Dear friends and colleagues: I am so honored to join you this morning, on behalf of the United States government, to present the status of our commitments for an AIDS-free generation.

In particular, I am so pleased to review the development and implementation of the first-ever comprehensive U.S National HIV/AIDS Strategy, which addresses many of the domestic challenges already reviewed at this conference. This strategy also incorporates lessons learned from our many domestic and global partners.

It was more than thirty years ago when the first HIV cases were identified in the United States. During this critical time, I was beginning my tenure as the Chief Medical Resident at Boston City Hospital. I will never forget the patients we cared for and the way they suffered.

Since then, more than 640,000 Americans lost their lives to AIDS. Today, an estimated 1.1 million people are living with HIV in the U.S. One in five is unaware of his or her infection.

While the U.S. incidence remained relatively stable in recent years, with approximately 50,000 new infections annually, this figure is unacceptably high.

We also know that in the United States, the burden of HIV is not shared equally, by population or by region. Populations most affected include: men who have sex with men of all races, in particular African American and Latino men; women of color, and transgender women; people who use drugs; and, young people, especially young Black men who have sex with men. The regions most affected include urban areas, the Northeast and the South. None of this is acceptable.

So many in our country have contributed to building a system of early detection that, by providing linkages to ongoing care, leads to viral suppression. But in the United States, only one in four people living with HIV currently achieves the level of viral suppression needed to preserve health and reduce the risk of HIV transmission to uninfected partners.

National strategies are critical to effective country leadership on HIV. National strategies outline a framework for responding to HIV/AIDS in ways that reflect each country's unique epidemiology, disease burden, and trends. And they demonstrate the importance of country ownership and the need to maximize the efficiency and effectiveness of HIV/AIDS programs.

In 2009, President Obama made it a top priority of his administration to develop a comprehensive National HIV/AIDS Strategy. When drafting the plan, the White House Office of National AIDS Policy consulted with people living with HIV, community-based programs, health care providers, researchers, public health experts, and others.

The White House Office of National AIDS Policy also consulted with PEPFAR and reviewed existing HIV strategies from various countries in the global north and south. PEPFAR has long prioritized supporting countries as they develop and implement national strategies. Maximizing the efficiency and effectiveness of our programs is a shared area of emphasis between PEPFAR and domestic HIV efforts.

The following year, when President Obama unveiled the National HIV/AIDS Strategy, he noted that “the actions we take now will build upon a legacy of global leadership, national commitment, and sustained efforts on the part of Americans – from all parts of the country and all walks of life – to end the HIV epidemic in the United States and around the world.”

This process of community dialogue continues today. The White House recently completed a series of these community dialogues across the nation, where ideas for implementation at the local level were discussed with key stakeholders.

To date, the National Strategy has reinvigorated our efforts and re-energized our communities under one unifying set of goals. And in a short period of time, we have demonstrated progress on the Strategy's three key goals.

In particular, each of the goals is guided by strong science and solid evidence of what works best. We have the benefit of the world's leading scientists and researchers at the National Institutes of Health. They, and other researchers across the U.S. and the world, have contributed to many of the scientific breakthroughs that provide us with the knowledge and tools to end AIDS.

The Strategy's first goal is to reduce new HIV infections because, after all, this is a preventable disease.

By the year 2015, we seek to lower the number of new infections by 25 percent. We plan to do this by reducing the HIV transmission rate and increasing the percentage of people living with HIV who know their serostatus.

To reach these targets as well as support similar global efforts to reduce HIV incidence, NIH continues to invest in cutting-edge prevention research related to vaccines and microbicides.

And we are so pleased to see greater emphasis on the use of treatment as prevention. Last week's approval of Truvada by the U.S. Food and Drug Administration marks a milestone for pre-exposure prophylaxis and adds another tool to our efforts to reduce incidence.

As part of the National Strategy, all Department of Health and Human Services agencies were charged with realigning federal dollars to concentrate on both geographic areas and populations with the greatest need.

To that end, the Centers for Disease Control and Prevention launched high-impact prevention strategies in the most heavily affected populations, and is promoting its recommendation that every adolescent and adult get tested for HIV at least once in his or her lifetime – and that those at increased risk get tested at least once per year.

For example, the Centers for Disease Control and Prevention has released a new social marketing campaign called “Testing Makes Us Stronger” that was designed for, and in consultation with, African American gay and bisexual men – the fastest growing demographic in the United States for HIV infection – to encourage testing.

Meanwhile, the Department's Health Resources and Services Administration's national network of 8,100 publicly funded community health centers has scaled up HIV testing for low-income people, leading to a 13 percent increase in persons tested last year alone.

And communities are implementing more creative strategies. Here in the Nation's capital, the District of Columbia's Department of Health makes HIV testing available at the Department of Motor Vehicles – so customers waiting in line for a driver's license or other services can get a free HIV test. Up to 35 people are taking advantage of this resource every day. We need to continue to build on this effort to reach people in other non-traditional settings.

The second goal of the Strategy is to increase access to care and improve health outcomes for people living with HIV, since fewer than 50 percent are retained in consistent care.

Currently, the Health Resources and Services Administration's Ryan White HIV/AIDS Program – a Federal government program that provides services to low-income people – and our publicly-funded community health centers are working together to expand nationwide access to HIV care for people living with HIV.

In addition, the new health care law signed by President Obama two years ago is particularly crucial for HIV/AIDS and implementing the National HIV/AIDS Strategy.

Thanks to the Affordable Care Act, we are putting in place common sense rules that prevent insurance companies from locking people with HIV/AIDS out of the market, by capping their care, or by refusing to sell or renew policies because of their pre-existing condition. Specifically, the pre-existing condition ban will apply to all Americans on January 1, 2014, and is already in effect for children.

The Affordable Care Act will also soon expand access to preventive services, including making HIV screening available for women at no cost. And, in 2014, it will extend coverage to millions more Americans that will result in a dramatic expansion of coverage to people living with HIV.

Recently, the United States Secretary of Health and Human Services Kathleen Sebelius announced two important actions relevant to the National Strategy's second goal.

First, the Secretary announced nearly \$80 million in new grant awards that will expand care to an additional 14,000 low-income people living with HIV/AIDS and, based on estimates provided by state administrators, will eliminate any waiting lists for AIDS drug treatment.

Second, Secretary Sebelius announced that the Department is also working in partnership with the MAC AIDS Fund to pilot a program that will use mobile phone texting to provide important tips and reminders about disease management to people living with HIV.

The third goal of the National Strategy is to address HIV-related health disparities in our nation.

Complex social and economic factors, including poverty, stigma, and lack of access to care, limit opportunities for prevention and treatment.

To better address many of these social determinants of health, we've expanded our efforts to work across programs administered by our colleagues in other Federal Agencies, such as the Departments of Housing and Urban Development, Labor, Justice, and Veterans Affairs.

We have also engaged leading national organizations to support populations hardest hit by HIV. For example, the Centers for Disease Control and Prevention's "Act Against AIDS Leadership Initiative" represents a partnership of leading national African American and Latino organizations. It is designed to increase prevention efforts through outreach, communication and mobilization.

In the United States, women and girls account for 23 percent of all new HIV diagnoses. Among women, the epidemic disproportionately affects women of color, particularly Black women.

Also, tragically, gender-based violence often goes hand-in-hand with the disease. Women and girls are all too frequently victimized by intimate partner violence and sexual assault. This not only increases risk for acquiring HIV, it also prevents women and girls from seeking prevention options and treatment. This is unacceptable.

In an effort to address gender disparities, the White House recently established an inter-agency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-related Health Disparities. This group is working to share best practices, facilitate research, and foster opportunities for partnerships.

Finally, we know that stigma drives discrimination and disparities. As a result, too many Americans avoid learning their HIV status, disclosing their status, or accessing medical care.

To overcome stigma, our efforts include a new Centers for Disease Control and Prevention campaign, called, "Let's Stop HIV Together, which features people living with HIV standing with their friends and family, and calling on all Americans to join the fight against the disease. This national communications effort will not only address stigma associated with the infection, but, also, complacency about the epidemic, in an attempt to prevent the next generation from suffering the burdens we have witnessed in the past.

In conclusion, we are making important progress in the first two years of the National HIV/AIDS Strategy, but much more lies ahead.

We can succeed by making our international public health community even stronger. Over the years, the United States has been part of efforts to build that community, along with so many domestic and global partners. And in particular, PEPFAR has demonstrated the power of us working together to plan, coordinate and collaborate to save lives.

So, as we go forward, let us reflect on the past and accelerate our efforts in the fight against HIV/AIDS. Here in the United States, we believe the National HIV/AIDS Strategy can bring us closer to the vision of a society where new infections are rare and everyone receives the care they need and deserve. You can follow our efforts to implement the Strategy on [AIDS.gov](https://www.aids.gov).

My hope is that, together, we can seize this moment of opportunity and channel its momentum toward the achieving our goal of an AIDS-free generation.

Thank you.